Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East

Charleston, WV 25311

APPLICATION FOR PHARMACY PERMIT RENEWAL

July 1, 2017 to June 30, 2018

Current name of business to be licensed by this permit: **___Name/Address Change**

Pharmacy E-mail:_____

Has there been a change of Pharmacist in charge at this facility? Yes___No___

Has there been a change to the Controlled Substance Drug Schedules carried at this facility? Yes___No___

License#_____County_____DEA#_____Phone#_____

1. Pharmacist In Charge_____RPh#_____
   a. Has your Pharmacist License ever been denied, suspended, or revoked in this or any other state? Yes___No___
   b. Have you ever been convicted of a felony? Yes___No___
   c. Have you ever been convicted of a misdemeanor other than a traffic violation? Yes___No___
   d. Do you ever work part-time in any other pharmacy? Yes___No___

   If any answer in #1 is yes, attach a detailed explanation.

2. Renewal Fees. Circle all applicable a. through e.:
   a. Pharmacy- Inpatient $100.00
   b. Pharmacy- Outpatient $100.00
   c. Controlled Substance Permit $10.00
   d. Sterile Pharmaceutical Compounding Permit $100.00
   e. Nuclear Pharmacy $100.00

   Attach Check or Money Order to Application Total Fees: _____

   Name of Enteral/Parenteral Pharmacist Manager_____RPh#_____

3. Circle Applicable Drug Schedule II III IV V Narcotic
   II III IV V Non-Narcotic
4. Circle Type of Ownership Single Proprietor Partnership Corporation
5. Names of Principles and Titles: (Owner, Partners, Three Corporate Officers)

   _____

   _____

   _____
6. Has the applicant or any officer or partner of the applicant ever been convicted of a Felony? _____
7. The undersigned hereby swear, or affirm, that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy, will be faithfully observed so long as any permit issue will be in force.
8. _____
   Signature of Applicant, Managing Partner or Office Title Date
9. _____
   Signature of Applicant, Managing Partner or Office Title Date